### **CITATION REVIEW REQUEST INFORMATION**

#### Purpose:

This report has been implemented to assist you in communicating with the Police Department on a citation you have been issued where you wish to communicate with the officer writing the citation or the Chief of Police. Often you were not able to communicate with the complainant officer at the time and place the citation was issued.

### Court Date Information:

If you dispute a citation, you may appear in court and go before a judge. The Police Department record's section can give you a court date. You can reach the record's department at any time 24 hours a day, seven days a week. You may call 847-304-3300 and ask for the records department.

## Police Department Employees Cannot Void Citations:

Police Department employees are not allowed to discuss the merits of your case. They do not have the authority to void a citation on the spot. Only the Chief of Police has the authority to non-suit a citation, after reviewing your report, the complainant officer's report and the supervisor's recommendations. If you feel that a special circumstance has occurred that you wish to bring to the attention of the Police Department and the complainant officer, the following page will serve as the conduit for communication.

The submission of this form DOES NOT in itself relieve you of any fines or penalties.

Please keep your ticket until you get written correspondence from the Chief of Police. Please DO NOT send it with your request. You may attach a copy if possible.

Thank you.

# **CITATION REVIEW REQUEST FORM**

Please fill out this form completely.

| Local Ordinance Section Number |  |
|--------------------------------|--|
| Complaint Number <b>P</b>      |  |
| Date Issued:                   | License Plate Number                   |
| State reason for this report   | ······································ |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                | · · · · · · · · · · · · · · · · · · ·  |
|                                |  |
| Please PRINT                   |  |
|                                | Name:                                  |
|                                | Address:                               |
|                                | City:                                  |
|                                | State: Zip:                            |
|                                | Signature:                             |
|                                | Date:                                  |

Please return completed form to the Records Department or mail to the Chief of Police, Barrington-Inverness Police Department, 400 N. Northwest Highway, Barrington, Illinois, 60010.